

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MINNESOTA

Plaintiff/Petitioner

v.

Case Number: _____

Defendant/Respondent

Application to Proceed *In Forma Pauperis*

A litigant unable to afford the filing fee upon commencing a case in the District of Minnesota or an appeal may use this application to request *in forma pauperis* status. The application will request information regarding your current and recent income, expenses, and assets. This information will be used by the Court in determining whether you qualify financially for *in forma pauperis* status.

You are required below to attest—under penalty of perjury—that the information you have provided on this application is true. If you are granted *in forma pauperis* status but later found to have submitted false information on your application, your *in forma pauperis* status may be revoked and your case may be dismissed.

If you are a prisoner within the meaning of 28 U.S.C. § 1915(h), you will be required to pay the full amount of the statutory filing fee for any non-habeas civil action or appeal that you initiate, even if you qualify for *in forma pauperis* status. That said, *in forma pauperis* status will allow you to pay the filing fee in installments over time rather than all at once. The first payment will be immediately after filing your case. To calculate the amount of your initial payment, the Court must know the average deposits to and average balance of your prison trust account for the six months before you filed this lawsuit. You may request this information from prison officials by submitting the final page of this application to those officials for them to complete.

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1. Income. For both you and your spouse (if you share income), provide your gross income for the previous 12 months and your expected income for next month. Your gross income is your income before taxes and other deductions are removed from your pay.

Source of Income	Previous 12 Months		Expected Next Month	
	You	Spouse	You	Spouse
Employment				
Retirement				
Disability				
Unemployment				
Public Assistance				
Alimony and Child Support				
Other (<i>gifts, interest, rental income, or any other income</i>)				
Total:				

2. Employment. List your employment history and your spouse's employment history (if you share income) for the past year.

Employer	Address	Dates of employment	Gross monthly pay (before taxes and deductions)

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3. Assets. How much cash do you and your spouse have? \$ _____

State below any money you or your spouse (if you share assets) have in a financial institution, such as a checking, savings, or investment account.

Financial institution	Type of account	Amount

4. Dependents. List the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

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5. Expenses. Estimate the regular monthly expenses for you, your spouse, and the persons who rely upon you for your support.

Expense	Amount
Rent or home-mortgage payment (including property taxes and insurance if applicable)	
Utilities	
Food	
Medical and dental expenses	
Installment payments (vehicle, credit cards, personal loans, etc.)	
Alimony, maintenance, and support paid to others	
Other regular monthly expenses	
Total:	

6. Other factors (use additional blank pages if necessary). Do you expect any major changes to your income, expenses, or assets in the next 12 months? If yes, please explain.

Provide any other information that will help explain why you cannot pay the costs of these proceedings.

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7. Previous *in forma pauperis* applications. Have you applied for *in forma pauperis* status in any other proceeding in federal court in the past five years? If so, please list each case in which you sought *in forma pauperis* status and whether the application was granted.

Case Number	District	Was the application granted?

8. Affidavit. By signing and dating this application below, you are attesting to the following:

I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I further declare under penalty of perjury that the information in this application is true, and I understand that a false statement may result in dismissal of my claims.

Signature: X Marsh

Date: 4-25-25

FOR USE IN PRISONER CASES ONLY: The following Certificate must be completed and signed by a prison official authorized to provide information regarding the prisoner's facility trust account. The information provided in the Certificate will be used by the Court in determining the initial partial filing fee owed by the prisoner 28 U.S.C. § 1915(b). The Certificate must be filed with a prisoner's application to proceed *in forma pauperis*.

If financial information cannot be provided for the prior six months (for example, if the applicant has not been incarcerated for six months), please indicate this below and provide the average monthly deposits and balances during the period for which the information can be provided.

Certificate of Authorized Prison Official

I, _____, certify that the applicant, _____,
ID # _____, has the sum of \$ _____ on account to his or her credit at
_____ (name of institution), not including gate savings or other
amounts that are unavailable to the applicant at this time.

I further certify that during the past six months, the average monthly deposits to the applicant's facility trust account was \$ _____, and the average monthly balance of that account was \$ _____.

Signature: _____

Date: _____